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APPLICANTS

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** CONTINUING DATA ***** *BT*** FOREIGN APPLICATIONS ***** *BT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/30/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VT	SHEETS DRAWING 5	TOTAL CLAIMS 20 11	INDEPENDENT CLAIMS 3 2
Verified and Acknowledged	Examiner's Signature <i>OB Mier</i>		Initials <i>PO</i>				

ADDRESS

44024

TITLE

INTEGRATED CIRCUIT MACRO PLACING SYSTEM AND METHOD

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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